

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 24 PM 4:26

DOCUMENT # J29242

1. Corporation Name

FIRST FINANCIAL TITLE COMPANY OF FLORIDA

Principal Place of Business

Mailing Address

2627 N.E. 203RD ST., #111
N. MIAMI BEACH FL 33180
US

1868 N. UNIVERSITY DR
200-
PLANTATION FL 33322
US



REINSTATEMENT 00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

08/15/1986

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

76-0194596

Applied For

Not Applicable

City & State

City & State

Maitland

Zip

Country

Zip

Country

32751

US

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
P	KAYTON, DAVID Anita Dana	2128 NORTH BAY RD. 2250 Lucien Way #200	MIAMI BEACH FL 33140 Maitland, FL 32751
VP	KAYTON, MATTHEW S Michelle Gardner	8603 S. DIXIE HWY., #303 2250 Lucien Way #200	MIAMI FL 33140 Maitland, FL 32751
VP T/S	ZAGALES, SYLVIA Barbara Bublyk	8603 S. DIXIE HWY., #303 2250 Lucien Way #200	MIAMI FL 33140 Maitland, FL 32751
			100003458101--6 -11/09/00--01013--010 ****750.00 ****750.00
			11/3

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KAYTON, MATTHEW S
8603 S. DIXIE HWY
#303
MIAMI FL 33140

Name

Anita Dana

Street Address (P.O. Box Number is Not Acceptable)

2250 Lucien Way #200

Suite, Apt. #, Etc.

#200

City

Maitland

State

FL

Zip Code

32751

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Anita Dana
REGISTERED AGENT MUST SIGN

Date

10/17/00

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Anita C. Dana

Date

10/17/00

Daytime Phone #

CR20040 (8/00)